



## REGISTRATION FORM

You must pre-register for **ALL** programs

**NO Registration will be completed without payment!**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address (to receive receipt of registration): \_\_\_\_\_

Would you like email address above to receive Parks & Recreation announcements via email? Yes \_\_\_\_ No \_\_\_\_

### MEDICAL INFORMATION

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, medications, or previous conditions which we/instructor should be aware of (i.e. ADD, ADHD, Hearing impaired, Visually impaired, Special Ed, Allergies i.e., Nuts, Dairy, Bee Stings, Latex, EPI PEN use, etc.

Does participant need an accommodation due to a disability to enjoy this activity? Yes \_\_\_\_ No \_\_\_\_

i.e., wheelchair access for bus trips

### ASSUMPTION OF LIABILITY

Participation in the activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Colchester, its employees, contracted instructors and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sporting activity involves risk. I further understand that the Town of Colchester does not provide accident/medical insurance for program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

Signature (Parent/Guardian if participant is under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

### ACCEPTED FORMS OF PAYMENT (DO NOT MAIL CASH)

Check # \_\_\_\_\_ Make checks payable to Town of Colchester

MC/VISA # \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Participant Name	Sex	Date of Birth	Grade	Activity #	Cost	Activity Name
					\$	
					\$	
					\$	
					\$	
Please send this form to: Colchester Parks & Recreation • 127 Norwich Avenue Colchester, CT 06415 or fax to: 1-888-468-6093					\$	Non-Resident Fee \$20 per class
					\$	Scholarship Fund Donation
					\$	Total Due